



# Hospice Quality Reporting Program: Requirements for the Fiscal Year 2020 Reporting Year

*This fact sheet contains information about requirements for the Hospice Quality Reporting Program (HQRP) for the FY 2020 reporting year (data collection period 1/1/18 – 12/31/18).*

## I. Background

The Hospice Quality Reporting Program (HQRP) consists of the Hospice Item Set (HIS) and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Section 3004 of the Affordable Care Act (ACA) authorized the establishment of the HQRP, and specified that beginning with Fiscal Year (FY) 2014 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any hospice that does not comply with the quality data submission requirements with respect to that FY.

The HQRP requires Medicare-certified hospices to report quality data for both HIS and Hospice CAHPS®. To be compliant with the HQRP overall (and avoid the 2 percentage-point reduction in APU), hospice providers must be compliant with the individual requirements of HIS and CAHPS®, which differ. Individual compliance requirements for HIS and CAHPS® are discussed in greater detail below. Failure to comply with either or both of the reporting requirements will result in the 2 percentage-point APU reduction.

The HQRP is currently “pay-for-reporting,” meaning facility-level performance on individual quality measures is not a consideration when determining compliance and APU reductions. Instead, compliance with HQRP requirements is based on timely, successful submission of HIS and CAHPS® data. Specific requirements for compliance with HIS and CAHPS® are discussed in greater detail below.

## II. FY 2020 Reporting Requirements for HIS and Hospice CAHPS®

Specific requirements for the FY 2020 Reporting Year for both HIS and Hospice CAHPS® are outlined in more detail below.

### **HIS Requirements:**

All Medicare-certified hospice providers are required to submit an HIS-Admission and HIS-Discharge record on all patient admissions and discharges at their hospice, regardless of the patient’s payer source, age, or where the patient receives hospice services. HIS records with a target date (admission or discharge date) occurring 1/1/18 – 12/31/18 will be included in the FY 2020 HIS sample.

Hospices submit HIS data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. As stated in the FY 2016 Final

Rule, all HIS records must be successfully submitted to the QIES ASAP system within 30 days of the target date (patient’s admission or discharge) to be considered timely.

HIS Compliance

Beginning with the FY 2018 reporting year, hospices’ compliance with HIS requirements will be based on a timeliness threshold. Hospices will be required to submit a minimum percentage of their HIS records by the 30-day submission deadline. For hospices to be HIS compliant, CMS requires hospices to submit a percent of all required HIS records, which is referred to as the timeliness compliance threshold. For the FY 2020 APU determination and all subsequent years, at least 90% of all required HIS records must be submitted and accepted within the 30-day submission deadline to avoid the 2 percentage-point reduction.

**Hospice CAHPS® Requirements:**

To comply with CMS’ quality reporting requirements for the FY 2020 APU, hospices are required to collect data using the Hospice CAHPS® Survey. Hospices comply by utilizing a CMS-approved third-party vendor. Approved Hospice CAHPS® vendors will submit data on the hospice’s behalf to the Hospice CAHPS® Survey Data Center. A list of the approved vendors can be found on the Hospice CAHPS® website: [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org).

Hospice CAHPS® Compliance:

Compliance with CAHPS® requirements is determined based on whether your vendor successfully submits a total of 12 months of data to the Hospice CAHPS® Data Warehouse, with each submission made by the quarterly deadline. This means:

- Each quarterly submission must be complete (have 3 months or 1 quarter’s worth of data)
- Each quarterly submission must be submitted and accepted by the quarterly data submission deadline

For the FY 2020 APU, hospices are required to participate on a monthly basis from January 1, 2018 through December 31, 2018. The deadlines for data submission are the second Wednesday of the submission months, which are August, November, February, and May. Hospice providers are responsible for making sure that their vendors are successfully submitting Hospice CAHPS® Survey data in a timely manner.

**Overview of the FY 2020 APU Requirements:**

Reporting Requirement	Sample for FY 2020 APU Determinations	Compliance Criteria
<b>HIS</b>	HIS records with a target date 1/1/18 – 12/31/18	At least 90% of all HIS records must be submitted and accepted by QIES ASAP within 30 days of the target date for the record.
<b>CAHPS®</b>	Patient decedents 1/1/18 – 12/31/18	Vendor submits data quarterly – each submission must be complete (have 3 months’ worth of data) and must be submitted and accepted by the quarterly deadlines (second Wednesday of February, May, August, and November).

## **FY 2020 Compliance Checklist:**

- ✓ Submit at least 90% of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring 1/1/18 – 12/31/18.

### **AND**

- ✓ Ongoing monthly participation (1/1/18 – 12/31/18) in the Hospice CAHPS® survey where an approved 3<sup>rd</sup> party vendor submits Hospice CAHPS® data according to the quarterly deadlines specified above.

## **III. Resources and Frequently Asked Questions**

### **Where can I find more information about the HIS requirements?**

- Providers should visit the [Hospice Item Set \(HIS\)](#) section of the CMS HQRP website for more information on the HIS. This webpage includes links/downloads for:
  - HIS Manual
  - HIS Trainings
  - HIS Fact Sheets
  - Quarterly Update Documents (formerly known as Quarterly Q+A Documents)
- Providers should visit the [HIS Technical Information](#) section of the CMS HQRP website for more information on submitting HIS data to CMS, and information on using the Hospice Abstraction Reporting Tool (HART), Certification and Survey Provider Enhanced Reporting (CASPER), and QIES ASAP Systems.

### **Where can I find more information about CAHPS® requirements?**

- Providers should visit the [CAHPS® Hospice Survey](#) website for information on the Hospice CAHPS® survey. This website includes information on:
  - Approved CAHPS® vendors
  - Hospice-specific CAHPS® FAQs
  - Training Materials

The website features podcasts designed especially to answer **providers' questions**: <http://www.hospicecahpssurvey.org/en/podcasts-for-hospices/#Podcasts>. Podcasts include such topics as the exemption for size, choosing and authorizing a vendor, and changing vendors, among others.

- Providers should visit the [HIS Technical Information](#) section of the CMS HQRP website for more information on Certification and Survey Provider Enhanced Reporting (CASPER) to access your CAHPS® Preview Reports.

### **Am I exempt from reporting HIS or Hospice CAHPS® data?**

**HIS:** For HIS reporting, there are no exemptions based on provider size. All Medicare-certified hospice organizations are required to report HIS data, regardless of their size or average daily census.

If you are a newly certified hospice agency, you may be exempt from any payment penalty for HIS requirements, depending on the date on which you receive your CMS Certification Number (CCN) notification letter from CMS. As stated in the FY 2016 Final Rule, newly certified hospice facilities are required to begin reporting HIS data on the date that they receive their CCN notification letter. However, if the CCN notification letter is received on or after November 1st, that hospice is not subject to any financial penalty for failure to comply with HIS requirements for the relevant reporting year. For example, if a provider receives their CCN notification letter on November 5th, 2018, that provider should begin submitting HIS data for patient admissions and discharges occurring on or after November 5th, 2018. However, since the hospice received their CCN notification letter after November 1st, they would not be evaluated for, or subject to, any HIS payment penalties for the relevant FY APU update (FY 2020 APU). In this situation, if a hospice is found non-compliant, then that hospice will need to follow the reconsideration process and attach their CCN notification letter and any other relevant documents to support their newness status.

**CAHPS®:** The Hospice CAHPS® Survey does have an exemption for size. As stated in the FY 2017 Final Rule, hospices that have fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2017 through December 31, 2017 are eligible to apply for an exemption from CAHPS® Hospice Survey data collection and reporting requirements for the 2020 APU. (The survey data collection period for the 2020 APU is January 1, 2018 through December 31, 2018.) To receive the size exemption for the FY 2020 APU, hospices must submit an exemption request form. This form is available on the [Participation Exemption for Size](#) section of the CAHPS® Hospice Survey website ([www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org)). The deadline for submitting the form for the 2020 APU is December 31, 2018. The exemption is effective for one year. Hospices that continue to qualify must submit exemption applications each year.

Newly certified hospices that received their Medicare Provider Number (CCN) on or after January 1, 2018 are exempt from the FY 2020 APU Hospice CAHPS® requirements. This exemption will be determined by CMS. The exemption applies for one year only. Please keep the letter you receive providing your CCN. You can use it to establish your status, if needed.

### **What if I am found non-compliant with FY 2020 requirements?**

If you are found non-compliant with FY 2020 requirements, you may request reconsideration. Hospices may file for reconsideration if they believe the finding of non-compliance is in error. Reporting compliance is determined by successfully fulfilling both the HIS data submission requirements and the Hospice CAHPS® Survey requirements. Any hospice that wishes to submit a reconsideration request must do so by submitting an email to CMS containing all of the requirements listed on the [Reconsideration Requests](#) section of the CMS HQRP website. Please note that you cannot request reconsideration until you receive notification from CMS that you were found noncompliant with FY 2020 requirements.

### **What if I have extenuating circumstances (e.g., a natural disaster) that prevent me from submitting HQRP data or cause me to submit HQRP data late?**

CMS will make accommodations in the event a hospice is unable to submit quality data due to extraordinary circumstances beyond their control (e.g., natural or man-made disasters) or when a systemic problem with CMS data collection systems or the Hospice CAHPS® Data Warehouse directly affect the ability of a hospice to submit data. If a hospice is affected by an extraordinary circumstance, they can submit an exception or extension request to CMS.

Hospices should submit this request via email within 90 calendar days of the occurrence of the extraordinary circumstance. Please visit the [Extensions and Exemptions Requests](#) section of the CMS HQRP website for more information.

#### IV. Help Desks Available to Providers

- [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov) (Quality Help Desk): For questions about HIS and general questions about the HQRP program, reporting requirements, quality measures, reporting deadlines, and questions related to the content of Hospice CASPER QM Reports, Hospice Compare and Hospice Provider Preview Reports.
- [Mdcn.mco@palmettogba.com](mailto:Mdcn.mco@palmettogba.com) (CMSNet Help Desk): For questions about registering for the CMSNet User ID, to have access to QIES ASAP.
- [Help@qtso.com](mailto:Help@qtso.com) or 1-877-201-4721 (QIES Help Desk): For questions about HIS record completion and submission processes, or for technical questions. This group also handles questions for users who are registering for the QIES User ID, issues with the HART training modules, and technical support for problems while using the HART software. This help desk also assists with access issues to CAHPS® Hospice Preview Reports.
- [HospiceQRPreconsiderations@cms.hhs.gov](mailto:HospiceQRPreconsiderations@cms.hhs.gov) (Reconsideration Help Desk): For reconsideration requests and follow-up questions if the facility has received a CMS determination of noncompliance letter.
- [Hospicecahpsurvey@HCQIS.org](mailto:Hospicecahpsurvey@HCQIS.org) or 1-844-472-4621: For technical assistance with the CAHPS® Hospice Survey, contact the CAHPS® Hospice Survey Project Team.
- [Hospicesurvey@cms.hhs.gov](mailto:Hospicesurvey@cms.hhs.gov): For communication with CMS regarding Hospice CAHPS® Survey issues.